

**FRAMEWORK FOR THE ANNUAL REPORT OF  
THE STATE CHILDREN'S HEALTH INSURANCE PLANS  
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

**Preamble**

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- ❖ Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- ❖ Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

**FRAMEWORK FOR THE ANNUAL REPORT OF  
THE STATE CHILDREN'S HEALTH INSURANCE PLANS  
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

State/Territory: South Dakota  
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

\_\_\_\_\_  
(Signature of Agency Head)

SCHIP Program Name(s): M-SCHIP & S-SCHIP

SCHIP Program Type:

☐ SCHIP Medicaid Expansion Only  
☐ Separate Child Health Program Only  
☒ Combination of the above

Reporting Period: Federal Fiscal Year 2004 *Note: Federal Fiscal Year 2004 starts 10/1/03 and ends 9/30/04.*

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Submission Date: January 7, 2005

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1<sup>st</sup> of each year)  
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)*

## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table. Please note that the numbers in brackets, e.g., [500] are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						From	NA	% of FPL conception to birth	NA	% of FPL
	From	134	% of FPL for infants	140	% of FPL	From	141	% of FPL for infants	200	% of FPL
	From	134	% of FPL for children ages 1 through 5	140	% of FPL	From	141	% of FPL for 1 through 5	200	% of FPL
	From	101	% of FPL for children ages 6 through 16	140	% of FPL	From	141	% of FPL for children ages 6 through 16	200	% of FPL
	From	101	% of FPL for children ages 17 and 18	140	% of FPL	From	141	% of FPL for children ages 17 and 18	200	% of FPL

Is presumptive eligibility provided for children?	x	No	x	No
		Yes, for whom and how long?		Yes, for whom and how long?

Is retroactive eligibility available?		No		No
	x	Yes, for whom and how long? <b>Eligibility may begin up to the 1<sup>st</sup> day of the 3<sup>rd</sup> month prior to the application.</b>	x	Yes, for whom and how long? <b>Eligibility may begin up to the 1<sup>st</sup> day of the 3<sup>rd</sup> month prior to the application.</b>

Does your State Plan contain authority to implement a waiting list?	Not applicable		x	No
				Yes

Does your program have a mail-in application?		No		No
	x	Yes	x	Yes

Can an applicant apply for your program over the phone?	x	No	x	No
		Yes		Yes

Does your program have an application on your website that can be printed, completed and mailed in?		No		No
	<b>x</b>	Yes	<b>x</b>	Yes

Can an applicant apply for your program on-line?	<b>x</b>	No	<b>x</b>	No
	Yes – please check all that apply		Yes – please check all that apply	
		Signature page must be printed and mailed in		Signature page must be printed and mailed in
		Family documentation must be mailed (i.e., income documentation)		Family documentation must be mailed (i.e., income documentation)
		Electronic signature is required		Electronic signature is required
			No Signature is required	

Does your program require a face-to-face interview during initial application	<b>x</b>	No	<b>x</b>	No
		Yes		Yes

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<b>x</b>	No		No
		Yes	<b>x</b>	Yes
	Specify number of months		Specify number of months	<b>3 months</b>

Does your program provide period of continuous coverage regardless of income changes?	<b>x</b>	No	<b>x</b>	No
		Yes		Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

Does your program require premiums or an enrollment fee?	<b>x</b>	No	<b>x</b>	No
		Yes		Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
		Yes		Yes

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
		Yes		Yes

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
		Yes		Yes
	If Yes, please describe below		If Yes, please describe below	

Does your program require income disregards?		No		No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			If Yes, please describe below	
	20% of gross earnings or \$90 (whichever is greater) for each adult who works; child care paid due to employment; \$50 of child support received (or actual amount if less than \$50); child support paid to another household		Child care paid due to employment (\$500 maximum per month); \$50 of child support received (or actual amount if less than \$50); child support paid to another household	

Is a preprinted renewal form sent prior to eligibility expiring?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	Yes, we send out form to family with their information pre-completed and		Yes, we send out form to family with their information pre-completed and	
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed

**Comments on Responses in Table:**

**Attachment 1: 301-M; 301-R; 203-M; 204-M; 205-M**

- |   |   |
|---|---|
| 2. Is there an assets test for children in your Medicaid program?                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Is it different from the assets test in your separate child health program?          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Are there income disregards for your Medicaid program?                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are they different from the income disregards in your separate child health program? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is a joint application used for your Medicaid and separate child health program?     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking appropriate column.

	Medicaid Expansion SCHIP Program		Separate Child Health Program	
	Yes	No Change	Yes	No Change
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)		x		x
b) Application		x		x
c) Benefit structure		x		x
d) Cost sharing (including amounts, populations, & collection process)		x		x
e) Crowd out policies		x		x
f) Delivery system		x		x
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)		x		x
h) Eligibility levels / target population		x		x
i) Assets test in Medicaid and/or SCHIP		x		x
j) Income disregards in Medicaid and/or SCHIP		x		x
k) Eligibility redetermination process		x		x
l) Enrollment process for health plan selection		x		x
m) Family coverage		x		x
n) Outreach (e.g., decrease funds, target outreach)		x		x
o) Premium assistance		x		x
p) Prenatal Eligibility expansion		x		x

q) Waiver populations (funded under title XXI)

Parents

Pregnant women

Childless adults

	x		x
	x		x
	x		x
	x		x

r) Other – please specify

a.

b.

c.

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8. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	No Change
b) Application	No Change
c) Benefit structure	No Change
d) Cost sharing (including amounts, populations, & collection process)	No Change
e) Crowd out policies	No Change
f) Delivery system	No Change
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	No Change
h) Eligibility levels / target population	No Change
i) Assets test in Medicaid and/or SCHIP	No Change
j) Income disregards in Medicaid and/or SCHIP	No Change
k) Eligibility redetermination process	No Change

l) Enrollment process for health plan selection	No Change
m) Family coverage	No Change
n) Outreach	No Change
o) Premium assistance	No Change
p) Prenatal Eligibility Expansion	No Change
q) Waiver populations (funded under title XXI)	
Parents	No Change
Pregnant women	No Change
Childless adults	No Change
r) Other – please specify	
a.	No Change
b.	No Change
c.	No Change

**Attachment 1: 301-M; 301-R; 203-M; 204-M; 205-M**



## SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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This section consists of three sub sections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

Please note that the numbers in brackets, e.g., [500] are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

### SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four child health measures and three adult measures:

#### Child Health Measures

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

#### Adult Measures

- Comprehensive diabetes care (hemoglobin A1c tests)
- Adult access to preventive/ambulatory health services
- Prenatal and postpartum care (prenatal visits)

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

The table should be completed as follows:

- Column 1: If you cannot provide a specific measure, please check the boxes that apply to your State for each performance measure, as follows:
- Population not covered: Check this box if your program does not cover the population included in the measure. For example, if your State does not cover adults under SCHIP, check the box indicating, "population not covered" for the three adult measures.
  - Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
  - Not able to report due to small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is **less than 30**. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
  - Other: Please specify if there is another reason why your state cannot report the measure.

Column 2: For each performance measure listed in Column 1, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2004).

Column 3: For each performance measure listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please also note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, etc. and an explanation for changes from the baseline. Note: you do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

**NOTE:** Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

Measure	Measurement Specification	Performance Measures and Progress
<b>Well child visits in the first 15 months of life</b>  Not Reported Because: <input type="checkbox"/> Population not covered <input type="checkbox"/> Data not available Explain: <input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size: <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> HEDIS Specify version of HEDIS used:  <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:  Specify version of HEDIS used:  <input type="checkbox"/> Other Explain:	<b>Data Source(s):</b> HEDIS 2005; SD MMIS & MR63 10/01/2003-09/30/2004  <b>Definition of Population Included in Measure:</b> SCHIP enrollees ages 0 through 15 months who were continuously enrolled in Primary Care Case Management (PCCM) in September 2004 who received at least one well child visit during the FFY 2004 reporting period.  <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  This is the first year SD has conducted a study meeting this criteria and with current HEDIS sources and standards.  <u>FFY 2004:</u> There were 212 recipients who qualified for this study. Of these, 201 recipients received at least 1 well-child visit, for a 95% utilization rate.  <b>Performance Progress/Year:</b> (Specify numerator and denominator for rates)  <u>FFY 2004:</u> There were 212 recipients who qualified for this study. Of these, 201 recipients received at least 1 well-child visit, for a 95% utilization rate.

Measure	Measurement Specification	Performance Measures and Progress																								
		<table> <tr> <th># Visits</th><th># Recipients</th><th>Utilization Rate</th></tr> <tr> <td>6 or more</td><td>96</td><td>46%</td></tr> <tr> <td>5</td><td>24</td><td>11%</td></tr> <tr> <td>4</td><td>28</td><td>13%</td></tr> <tr> <td>3</td><td>18</td><td>8%</td></tr> <tr> <td>2</td><td>18</td><td>8%</td></tr> <tr> <td>1</td><td>17</td><td>8%</td></tr> <tr> <td>0</td><td>11</td><td>5%</td></tr> </table> <p><b>Explanation of Progress:</b> This is the first year SD has conducted a study meeting this criteria and with current HEDIS sources and standards.</p> <p><b>Other Comments on Measure:</b> <i>See Attachment 4: Well-Child Visits in the first 15 months of life</i></p>	# Visits	# Recipients	Utilization Rate	6 or more	96	46%	5	24	11%	4	28	13%	3	18	8%	2	18	8%	1	17	8%	0	11	5%
# Visits	# Recipients	Utilization Rate																								
6 or more	96	46%																								
5	24	11%																								
4	28	13%																								
3	18	8%																								
2	18	8%																								
1	17	8%																								
0	11	5%																								
Measure	Measurement Specification	Performance Measures and Progress																								
<p><b>Well child visits in children the 3rd, 4th, 5th, and 6th years of life</b></p> <p>Not Reported Because:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Population not covered</li> <li><input type="checkbox"/> Data not available</li> <li><input type="checkbox"/> Not able to report due to small sample size (less than 30) Explain:</li> <li><input type="checkbox"/> Other Explain:</li> </ul>	<p><input checked="" type="checkbox"/> HEDIS Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:</p> <p>Specify version of HEDIS used:</p> <p><input type="checkbox"/> Other Explain:</p>	<p><b>Data Source(s):</b> HEDIS 2005; SD MMIS &amp; MR63 10/01/2003-09/30/2004</p> <p><b>Definition of Population Included in Measure:</b> SCHIP enrollees ages 3 through 6 who were continuously enrolled in Primary Care Case Management (PCCM) in September 2004 who received at least one well-child visit during the FFY 2004 reporting period.</p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p><u>FFY 2003:</u> M-SCHIP: There were 663 recipients who qualified for this study. Of these, 184 recipients received at least 1 well-child visit, for a 27% utilization rate</p> <p>S-SCHIP: There were 226 recipients who qualified for this study. Of these, 75 recipients received at least 1 well-child visit, for a 33% utilization rate</p> <p>Total SCHIP: There were 889 recipients who qualified for this study. Of these, 259 recipients received at least 1 well-child visit, for a 29% utilization rate</p>																								

Measure	Measurement Specification	Performance Measures and Progress																
		<p><b>Performance Progress/Year:</b> (Specify numerator and denominator for rates)</p> <p><u>FFY 2004:</u> M-SCHIP: There were 460 recipients who qualified for this study. Of these, 124 recipients received at least 1 well-child visit, for a 27% utilization rate</p> <p>S-SCHIP: There were 147 recipients who qualified for this study. Of these, 56 recipients received at least 1 well-child visit, for a 38% utilization rate</p> <p>Total SCHIP: There were 607 recipients who qualified for this study. Of these, 180 recipients received at least 1 well-child visit, for a 30% utilization rate</p> <p><b>Explanation of Progress:</b></p> <table><tr><td></td><td>FFY 2003</td><td>FFY 2004</td><td>% increase</td></tr><tr><td>M-SCHIP</td><td>27%</td><td>27%</td><td>0%</td></tr><tr><td>S-SCHIP</td><td>33%</td><td>38%</td><td>6%</td></tr><tr><td>Total SCHIP</td><td>29%</td><td>30%</td><td>1%</td></tr></table> <p><b>Other Comments on Measure:</b> See <u>Attachment 4: Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life</u></p>		FFY 2003	FFY 2004	% increase	M-SCHIP	27%	27%	0%	S-SCHIP	33%	38%	6%	Total SCHIP	29%	30%	1%
	FFY 2003	FFY 2004	% increase															
M-SCHIP	27%	27%	0%															
S-SCHIP	33%	38%	6%															
Total SCHIP	29%	30%	1%															
<p><b>Use of appropriate medications for children with asthma</b></p> <p>Not Reported Because:</p> <p><input type="checkbox"/> Population not covered</p> <p><input type="checkbox"/> Data not available Explain:</p> <p><input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size:</p> <p><input type="checkbox"/> Other Explain:</p>	<p><input checked="" type="checkbox"/> HEDIS Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:  Specify version of HEDIS used:</p> <p><input type="checkbox"/> Other Explain:</p>	<p><b>Data Source(s):</b> Hedis 2005; SD MMIS &amp; MR63 10/01/2003-09/30/2004</p> <p><b>Definition of Population Included in Measure:</b> SCHIP enrollees ages 5-17 continuously enrolled in M-SCHIP and S-SCHIP during fiscal year 2004 who were identified as having persistent asthma during the year prior to the measurement year and who were appropriately prescribed medication during the measurement year.</p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p>This is the first year SD has conducted a study meeting this criteria and with current HEDIS sources and standards.</p>																

Measure	Measurement Specification	Performance Measures and Progress
		<p><b>Performance Progress/Year:</b> (Specify numerator and denominator for rates)</p> <p>There were 45 recipients that met the study criteria as having persistent asthma.</p> <p>Number and percentage of recipients that received at least 1 prescription for anti-inflammatory medications:</p> <p>21 total recipients ages 5-9: 17 recipients 81%</p> <p>24 total recipients ages 10-17: 20 recipients 83%</p> <p>45 total all age categories: 37 recipients 82%</p> <p>Of the 45 total recipients that meet the study criteria, 11 recipients had a total of 12 emergency room visits for an ER utilization rate of 24%.</p> <p><b>Explanation of Progress:</b> This is the first year SD has conducted a study meeting this criteria and with current HEDIS sources and standards.</p> <p><b>Other Comments on Measure:</b> <i>See Attachment 4: Use of Appropriate Medications for Children with Asthma</i></p>
<p><b>Children's access to primary care practitioners</b></p> <p>Not Reported Because:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Population not covered</li> <li><input type="checkbox"/> Data not available Explain:</li> <li><input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size:</li> <li><input type="checkbox"/> Other Explain:</li> </ul>	<p><input checked="" type="checkbox"/> HEDIS Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:</p> <p>Specify version of HEDIS used:</p> <p><input type="checkbox"/> Other Explain:</p>	<p><b>Data Source(s):</b> Hedis 2005; SD MMIS &amp; MR63 10/01/2003-09/30/2004</p> <p><b>Definition of Population Included in Measure:</b> SCHIP enrollees 12 to 24 months, 25 months to 6 years, 7 to 11 years, and 12 to 19 years of age that were continuously enrolled during fiscal year 2004 who had a visit with a primary care practitioner.</p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p>This is the first year SD has conducted a study meeting this criteria and with current HEDIS sources and standards.</p>

Measure	Measurement Specification	Performance Measures and Progress																								
		<p><b>Performance Progress/Year:</b> (Specify numerator and denominator for rates)</p> <table><tr><th>Age</th><th># recipients</th><th># accessing PCP</th><th>%</th></tr><tr><td>12-14 mo</td><td>181</td><td>168</td><td>93%</td></tr><tr><td>25 mo-6 yr</td><td>773</td><td>614</td><td>79%</td></tr><tr><td>7-11 yr</td><td>1,147</td><td>783</td><td>68%</td></tr><tr><td>12-19 yr</td><td>1,166</td><td>807</td><td>69%</td></tr><tr><td>Total</td><td>3,267</td><td>2,372</td><td>73%</td></tr></table> <p>The average Managed Care participation rate for M-SCHIP and S-SCHIP from federal fiscal years 2000-2004 is 99.2%.</p> <p><b>Explanation of Progress:</b> This is the first year SD has conducted a study meeting this criteria and with current HEDIS sources and standards.</p> <p><b>Other Comments on Measure:</b> See <i>Attachment 4: Children’s Access to Primary Care Practitioners</i> See <i>Attachment 2: Managed Care Participation Enrollment Averages</i></p>	Age	# recipients	# accessing PCP	%	12-14 mo	181	168	93%	25 mo-6 yr	773	614	79%	7-11 yr	1,147	783	68%	12-19 yr	1,166	807	69%	Total	3,267	2,372	73%
Age	# recipients	# accessing PCP	%																							
12-14 mo	181	168	93%																							
25 mo-6 yr	773	614	79%																							
7-11 yr	1,147	783	68%																							
12-19 yr	1,166	807	69%																							
Total	3,267	2,372	73%																							
<p><b>Adult Comprehensive diabetes care (hemoglobin A1c tests)</b></p> <p>Not Reported Because:</p> <p><input checked="" type="checkbox"/> Population not covered</p> <p><input type="checkbox"/> Data not available Explain:</p> <p><input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size:</p> <p><input type="checkbox"/> Other Explain:</p>	<p><input type="checkbox"/> HEDIS Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:  Specify version of HEDIS used:</p> <p><input type="checkbox"/> Other Explain:</p>	<p><b>Data Source(s):</b></p> <p><b>Definition of Population Included in Measure:</b></p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p><b>Performance Progress/Year:</b> (Specify numerator and denominator for rates)</p> <p><b>Explanation of Progress:</b></p> <p><b>Other Comments on Measure:</b></p>																								

Measure	Measurement Specification	Performance Measures and Progress
<b>Adult access to preventive/ambulatory health services</b>  Not Reported Because:  <input checked="" type="checkbox"/> Population not covered <input type="checkbox"/> Data not available Explain: <input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size: <input type="checkbox"/> Other Explain:	<input type="checkbox"/> HEDIS Specify version of HEDIS used:  <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:  Specify version of HEDIS used:  <input type="checkbox"/> Other Explain:	<b>Data Source(s):</b>  <b>Definition of Population Included in Measure:</b>  <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  <b>Performance Progress/Year:</b> (Specify numerator and denominator for rates)  <b>Explanation of Progress:</b>  <b>Other Comments on Measure:</b>
<b>Adult Prenatal and postpartum care (prenatal visits):</b>  <input type="checkbox"/> Coverage for pregnant women over age 19 through a demonstration <input type="checkbox"/> Coverage for unborn children through the SCHIP state plan <input type="checkbox"/> Coverage for pregnant women under age 19 through the SCHIP state plan  Not Reported Because:  <input checked="" type="checkbox"/> Population not covered <input type="checkbox"/> Data not available Explain: <input type="checkbox"/> Not able to report due to small sample size (less than 30) Specify sample size: <input type="checkbox"/> Other Explain:	<input type="checkbox"/> HEDIS Specify version of HEDIS used:  <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:  Specify version of HEDIS used:  <input type="checkbox"/> Other Explain:	<b>Data Source(s):</b>  <b>Definition of Population Included in Measure:</b>  <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  <b>Performance Progress/Year:</b> (Specify numerator and denominator for rates)  <b>Explanation of Progress:</b>  <b>Other Comments on Measure:</b>

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4<sup>th</sup> quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2003	FFY 2004	Percent change FFY 2003-2004
SCHIP Medicaid Expansion Program	<b>9,529</b>	<b>10,293</b>	<b>8.02%</b>
Separate Child Health Program	<b>2,759</b>	<b>3,043</b>	<b>10.29%</b>

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

**During federal fiscal year 2004, the economy of South Dakota continued to suffer as a result of a major drought throughout much of the state in years 2001 through 2003. The drought has had a significant impact on South Dakota's agriculturally-based economy. Farmers and ranchers of South Dakota have not fully recovered from the severe losses suffered in previous years. As a result, more and more families qualified for medical assistance programs. Since agriculture drives South Dakota's economy, this has a tumbling effect on other industries in the state. The summer of 2004 was more productive for farmers and ranchers, and South Dakota's economy has begun to rebound recently, although not as quickly as we'd like.**



2. Three-year averages in the number and/or rate of uninsured children in each state based on the Current Population Survey (CPS) are shown in the table below, along with the percent change between 1996-1998 and 2001-2003. Significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FY 2004 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996-1998	<b>12,000</b>	<b>2.9%</b>	<b>6.1%</b>	<b>1.5%</b>
1997-1999	<b>12,000</b>	<b>3.0%</b>	<b>6.1%</b>	<b>1.5%</b>
2000-2002	<b>9,000</b>	<b>1.8%</b>	<b>4.7%</b>	<b>.9%</b>
2001-2003	<b>9,000</b>	<b>1.8%</b>	<b>4.4%</b>	<b>.9%</b>
Percent change 1996-1998 vs. 2001-2003	<b>-25.0%</b>	NA	<b>-27.8%</b>	NA

- A. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

3. If your State has an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please report in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

- A. Please explain why the state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
- B. What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information. ***(States with only a SCHIP Medicaid Expansion Program should skip this question)***

The only way South Dakota can measure effectiveness with these families is with anecdotal information on how they learned about the program. Local offices keep track of Internet applications as they are aware of them. The Monthly Department SCHIP survey has questions regarding how families heard about the SCHIP program and where they got the application.

**Attachment 6: SCHIP Stuffer; SCHIP Department Survey; SCHIP Department Survey Comparison Chart**

**Attachment 12: Various SCHIP Outreach Information**

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

In the table below, summarize your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Use additional pages as necessary. **Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.** The table should be completed as follows:

**Column 1:** List your State's general strategic objectives for your SCHIP program and indicate if the strategic objective listed is new/revised or continuing. If you have met your goal and/or are discontinuing a strategic objective or goal, please continue to list the objective/goal in the space provided below, and indicate that it has been discontinued, and provide the reason why it was discontinued. Also, if you have revised a goal, please check "new/revised" and explain how and why it was revised.

**Note: States are required to report objectives related to reducing the number of uninsured children. (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3. Progress towards reducing the number of uninsured children should be reported in this section.)**

**Column 2:** List the performance goals for each strategic objective. Where applicable, provide the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®).

**Column 3:** For each performance goal listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the methodology used; the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, or the like.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<b>Objectives Related to Reducing the Number of Uninsured Children (Mandatory for all states for each reporting year) (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3.)</b>		
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:  Achieve a measurable reduction in the number of uninsured children in South Dakota.	<b>Goal #1:</b>  M-SCHIP: Continue to extend Medicaid to uninsured children age 0 through 18 at Medicaid eligibility levels in effect prior to 07/01/1998, and other low income children from 133% to 140% of the federal poverty level as amended effective 04/01/1999.  S-SCHIP: Implement S-SCHIP to provide coverage to an additional 2,400 targeted, uninsured children in families with incomes from 140% to 200% of the federal poverty level beginning 07/01/2000.  Continue to extend SCHIP benefits to targeted, uninsured, non-Medicaid eligible children age 6 through 18 in families with incomes from 100% to 133% of the federal poverty levels; and to targeted, uninsured, non-Medicaid eligible children age 0 through 18 in families with incomes from 133% to 140% as amended effective 04/01/1999.	<b>Data Source(s):</b> US Census Bureau Current Population Survey, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004. SD MMIS & MR 63: 07/1998 - 09/2004.  <b>Definition of Population Included in Measure:</b> M-SCHIP: includes children ages 0-5 134-140% FPL and children ages 6-18 101-140% FPL  S-SCHIP: includes children ages 0-18 141-200% FPL  Medicaid: includes children ages 0-5 up to 133% FPL and children ages 6-18 up to 100% with the exception of children eligible for SSI  <b>Methodology:</b> Reduce 1998 CPS baseline by actual enrollments in M-SCHIP. Further reduce uninsured children by actual enrollments in S-SCHIP.

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		<p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p>Three-year average for 1996, 1997, and 1998</p> <p>Total number of children under 19 years at all income levels: 197,000</p> <p>Number of children at or below 200% FPL: 74,000</p> <p>Percentage of children at or below 200% FPL: 37.8%</p> <p>Number of above children without health insurance: 12,000</p> <p>Percentage of above children without health insurance: 6.1%</p> <p><b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)</p> <p><u>Total children under 19 years (all income levels):</u></p> <table><tr><td>1996-1998</td><td>197,000</td></tr><tr><td>1997-1999</td><td>197,000</td></tr><tr><td>1998-2000</td><td>193,000</td></tr><tr><td>1999-2001</td><td>194,000</td></tr><tr><td>2000-2002</td><td>198,000</td></tr><tr><td>2001-2003</td><td>201,000</td></tr></table> <p><u>Number &amp; percentage children at or below 200% FPL:</u></p> <table><tr><td>1996-1998</td><td>74,000</td><td>37.8%</td></tr><tr><td>1997-1999</td><td>70,000</td><td>35.4%</td></tr><tr><td>1998-2000</td><td>64,000</td><td>32.8%</td></tr><tr><td>1999-2001</td><td>63,000</td><td>32.3%</td></tr><tr><td>2000-2002</td><td>66,000</td><td>33.1%</td></tr><tr><td>2001-2003</td><td>66,000</td><td>33.0%</td></tr></table> <p><u>Number &amp; percentage children at or below 200% FPL without health insurance:</u></p> <table><tr><td>1996-1998</td><td>12,000</td><td>6.1%</td></tr><tr><td>1997-1999</td><td>12,000</td><td>6.1%</td></tr><tr><td>1998-2000</td><td>14,000</td><td>7.1%</td></tr><tr><td>1999-2001</td><td>9,000</td><td>4.8%</td></tr><tr><td>2000-2002</td><td>9,000</td><td>4.7%</td></tr><tr><td>2001-2003</td><td>9,000</td><td>4.4%</td></tr></table> <p><b>Explanation of Progress:</b> The number of uninsured children dropped from 6.1% in years 1996-1998 to 4.4% in years 2001-2003, a 1.7% decrease in uninsured children state-wide.</p> <p><b>Other Comments on Measure:</b></p>	1996-1998	197,000	1997-1999	197,000	1998-2000	193,000	1999-2001	194,000	2000-2002	198,000	2001-2003	201,000	1996-1998	74,000	37.8%	1997-1999	70,000	35.4%	1998-2000	64,000	32.8%	1999-2001	63,000	32.3%	2000-2002	66,000	33.1%	2001-2003	66,000	33.0%	1996-1998	12,000	6.1%	1997-1999	12,000	6.1%	1998-2000	14,000	7.1%	1999-2001	9,000	4.8%	2000-2002	9,000	4.7%	2001-2003	9,000	4.4%
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<div><div><div><div><div><input type="checkbox"/> New/revised</div><div><input checked="" type="checkbox"/> Continuing</div><div><input type="checkbox"/> Discontinued</div></div><div>Explain:</div></div><div>Achieve a measurable reduction in the number of uninsured children in South Dakota.</div></div></div>	<div>Goal #2:</div> <div>Continue to utilize a systematic approach to identify uninsured children with low incomes using Department data resources, partnerships with other public programs, and local involvement of interested parties including schools, providers, and others to further reduce the number of uninsured children in South Dakota.</div>	<div>Data Source(s):</div> <div>US Census Bureau Current Population Survey, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004. SD MMIS &amp; MR 63: 07/1998 - 09/2004.</div> <div>Definition of Population Included in Measure:</div> <div>M-SCHIP: includes children ages 0-5 134-140% FPL and children ages 6-18 101-140% FPL</div> <div>S-SCHIP: includes children ages 0-18 141-200% FPL</div> <div>Medicaid: includes children ages 0-5 up to 133% FPL and children ages 6-18 up to 100% with the exception of children eligible for SSI</div> <div>Methodology:</div> <div>Reduce 1998 CPS baseline by actual enrollments in M-SCHIP. Further reduce uninsured children by actual enrollments in S-SCHIP.</div> <div>Baseline / Year:</div> <div>(Specify numerator and denominator for rates)</div> <div>Three-year average for 1996, 1997, and 1998</div> <div>Total number of children under 19 years at all income levels: 197,000</div> <div>Number of children at or below 200% FPL: 74,000</div> <div>Percentage of children at or below 200% FPL: 37.8%</div> <div>Number of above children without health insurance: 12,000</div> <div>Percentage of above children without health insurance: 6.1%</div> <div>Performance Progress / Year:</div> <div>(Specify numerator and denominator for rates)</div> <div>Total children under 19 years (all income levels):</div> <table><tr><td>1996-1998</td><td>197,000</td></tr><tr><td>1997-1999</td><td>197,000</td></tr><tr><td>1998-2000</td><td>193,000</td></tr><tr><td>1999-2001</td><td>194,000</td></tr><tr><td>2000-2002</td><td>198,000</td></tr><tr><td>2001-2003</td><td>201,000</td></tr></table> <div>Number &amp; percentage children at or below 200% FPL:</div> <table><tr><td>1996-1998</td><td>74,000</td><td>37.8%</td></tr><tr><td>1997-1999</td><td>70,000</td><td>35.4%</td></tr><tr><td>1998-2000</td><td>64,000</td><td>32.8%</td></tr><tr><td>1999-2001</td><td>63,000</td><td>32.3%</td></tr><tr><td>2000-2002</td><td>66,000</td><td>33.1%</td></tr><tr><td>2001-2003</td><td>66,000</td><td>33.0%</td></tr></table>	1996-1998	197,000	1997-1999	197,000	1998-2000	193,000	1999-2001	194,000	2000-2002	198,000	2001-2003	201,000	1996-1998	74,000	37.8%	1997-1999	70,000	35.4%	1998-2000	64,000	32.8%	1999-2001	63,000	32.3%	2000-2002	66,000	33.1%	2001-2003	66,000	33.0%
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<p><input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:</p> <p>Achieve a measurable reduction in the number of uninsured children in South Dakota.</p>	<p><b>Goal #3:</b></p> <p>Expand the simplified medical assistance application process to include S-SCHIP the same as Medicaid and M-SCHIP medical assistance programs to further reduce the number of uninsured children in South Dakota.</p>	<p><b>Data Source(s):</b> US Census Bureau Current Population Survey, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004. SD MMIS &amp; MR 63: 07/1998 - 09/2004.</p> <p><b>Definition of Population Included in Measure:</b> M-SCHIP: includes children ages 0-5 134-140% FPL and children ages 6-18 101-140% FPL</p> <p>S-SCHIP: includes children ages 0-18 141-200% FPL</p> <p>Medicaid: includes children ages 0-5 up to 133% FPL and children ages 6-18 up to 100% with the exception of children eligible for SSI</p> <p><b>Methodology:</b> Reduce 1998 CPS baseline by actual enrollments in M-SCHIP. Further reduce uninsured children by actual enrollments in S-SCHIP.</p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p>Three-year average for 1996, 1997, and 1998</p> <p>Total number of children under 19 years at all income levels: 197,000</p> <p>Number of children at or below 200% FPL: 74,000</p> <p>Percentage of children at or below 200% FPL: 37.8%</p> <p>Number of above children without health insurance: 12,000</p> <p>Percentage of above children without health insurance: 6.1%</p>																		

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Objectives Related to SCHIP Enrollment		
(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:  Achieve a measurable reduction in the number of uninsured children in South Dakota.	<b>Goal #1:</b>  M-SCHIP: Continue to extend Medicaid to uninsured children age 0 through 18 at Medicaid eligibility levels in effect prior to 07/01/1998, and other low income children from 133% to 140% of the federal poverty level as amended effective 04/01/1999.	<b>Data Source(s):</b> US Census Bureau Current Population Survey, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004. SD MMIS & MR 63: 07/1998 - 09/2004.  <b>Definition of Population Included in Measure:</b> M-SCHIP: includes children ages 0-5 134-140% FPL and children ages 6-18 101-140% FPL  <b>Methodology:</b> Reduce CPS baseline by actual enrollments in M-SCHIP.  <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  FFY 1998 M-SCHIP enrollment 903  <b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)  <div style="text-align: right;">             FFY 1998 M-SCHIP enrollment 903              FFY 1999 M-SCHIP enrollment <u>1,586</u>              FFY 2000 M-SCHIP enrollment <u>1,891</u>              FFY 2001 M-SCHIP enrollment <u>1,456</u>              FFY 2002 M-SCHIP enrollment <u>1,044</u>              FFY 2003 M-SCHIP enrollment <u>539</u>              FFY 2004 M-SCHIP enrollment <u>603</u> </div> Total M-SCHIP enrollment FFY 1998-2004 <u>8,022</u>  <b>Explanation of Progress:</b>  Total M-SCHIP enrollment increase from implementation (FFY 1998 through FFY 2004) is 8,022.  <b>Other Comments on Measure:</b>
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:	<b>Goal #2:</b>  S-SCHIP: Implement S-SCHIP as an additional effort to address the objectives stated in the original state plan effective 07/01/2000. Implement S-SCHIP to provide coverage to an additional 2,400 targeted, uninsured children in families with incomes from 140% to 200% of the federal poverty level beginning 07/01/2000.	<b>Data Source(s):</b> US Census Bureau Current Population Survey, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004. SD MMIS & MR 63: 07/1998 - 09/2004.  <b>Definition of Population Included in Measure:</b> S-SCHIP: includes children ages 0-18 141-200% FPL



		<p><b>Methodology:</b> Reduce CPS baseline by actual enrollments in S-SCHIP.</p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p>FFY 2000 S-SCHIP enrollment      301</p> <p><b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)</p> <table><tr><td>FFY 2000 S-SCHIP enrollment</td><td><u>301</u></td></tr><tr><td>FFY 2001 S-SCHIP enrollment</td><td><u>1,034</u></td></tr><tr><td>FFY 2002 S-SCHIP enrollment</td><td><u>330</u></td></tr><tr><td>FFY 2003 S-SCHIP enrollment</td><td><u>303</u></td></tr><tr><td>FFY 2004 S-SCHIP enrollment</td><td><u>195</u></td></tr></table> <p>Total S-SCHIP FFY 1998-2004      <u>2,163</u></p> <p><b>Explanation of Progress:</b> Total S-SCHIP enrollment increase from implementation (FFY 2000 through FFY 2004) is 2,163.</p> <p><b>Other Comments on Measure:</b></p>	FFY 2000 S-SCHIP enrollment	<u>301</u>	FFY 2001 S-SCHIP enrollment	<u>1,034</u>	FFY 2002 S-SCHIP enrollment	<u>330</u>	FFY 2003 S-SCHIP enrollment	<u>303</u>	FFY 2004 S-SCHIP enrollment	<u>195</u>
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(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:	<b>Goal #3:</b>	<b>Data Source(s):</b>  <b>Definition of Population Included in Measure:</b>  <b>Methodology:</b>  <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  <b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)  <b>Explanation of Progress:</b>  <b>Other Comments on Measure:</b>
<b>Objectives Related to Medicaid Enrollment</b>		
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:  Achieve a measurable reduction in the number of uninsured children in South Dakota.	<b>Goal #1:</b>  Continue to extend Medicaid to uninsured children age 0 through 18 at Medicaid eligibility levels in effect prior to 07/01/1998.	<b>Data Source(s):</b> US Census Bureau Current Population Survey, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004. SD MMIS & MR 63: 07/1998 - 09/2004.  <b>Definition of Population Included in Measure:</b> Medicaid: includes children ages 0-5 up to 133% FPL and children ages 6-18 up to 100% with the exception of children eligible for SSI <b>Methodology:</b> Reduce CPS baseline by actual enrollments in Medicaid <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  FFY 1998 Medicaid enrollment increase 1,188  <b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)  FFY 1998 Medicaid enrollment increase <u>1,188</u> FFY 1999 Medicaid enrollment increase <u>2,380</u> FFY 2000 Medicaid enrollment increase <u>2,265</u> FFY 2001 Medicaid enrollment increase <u>3,960</u> FFY 2002 Medicaid enrollment increase <u>3,029</u> FFY 2003 Medicaid enrollment increase <u>1,962</u> FFY 2004 Medicaid enrollment increase <u>1,066</u>  Total Medicaid enrollment FFY 1998-2004 <u>15,850</u> <b>Explanation of Progress:</b> Total Medicaid enrollment increase from FFY 1998

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<p>through FFY 2004 is 15,850.</p> <p><b>Other Comments on Measure:</b></p>
<input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:	<p><b>Goal #2:</b></p>	<p><b>Data Source(s):</b></p> <p><b>Definition of Population Included in Measure:</b></p> <p><b>Methodology:</b></p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p><b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)</p> <p><b>Explanation of Progress:</b></p> <p><b>Other Comments on Measure:</b></p>
<input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:	<p><b>Goal #3:</b></p>	<p><b>Data Source(s):</b></p> <p><b>Definition of Population Included in Measure:</b></p> <p><b>Methodology:</b></p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p><b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)</p> <p><b>Explanation of Progress:</b></p> <p><b>Other Comments on Measure:</b></p>



(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<p>consistent from FFY 2000-2004.</p> <p><b>Other Comments on Measure:</b></p>
<p><input type="checkbox"/> New/revised  <input checked="" type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued            Explain:</p>	<p><b>Goal #2:</b></p> <p><input type="checkbox"/> HEDIS            Specify version of HEDIS used:</p> <p><input type="checkbox"/> HEDIS-Like            Explain how HEDIS was modified:              Specify version of HEDIS used:</p> <p><input checked="" type="checkbox"/> Other            Explain:</p> <p>Develop capability to measure access to coverage for American Indian children in South Dakota by working jointly with the Indian Health Service (IHS), Tribal governments, and Urban Indian Health (UIH) clinics.</p>	<p><b>Data Source(s):</b>            SD MMIS &amp; MR 63: 07/1998 - 09/2004.</p> <p><b>Definition of Population Included in Measure:</b>            American Indian children enrolled in M-SCHIP and S-SCHIP</p> <p>M-SCHIP: includes children ages 0-5 134-140% FPL and children ages 6-18 101-140% FPL</p> <p>S-SCHIP: includes children ages 0-18 141-200% FPL</p> <p><b>Methodology:</b>            Measure participation of American Indian children using IHS and UIH facilities</p> <p><b>Baseline / Year:</b>            (Specify numerator and denominator for rates)</p> <p>FFY 2002:            37.9%, or 561 out of 1,479 American Indian M-SCHIP recipients were using IHS and UIH facilities.</p> <p>32.8%, or 99 out of 302 American Indian S-SCHIP recipients were using IHS and UIH facilities.</p> <p><b>Performance Progress / Year:</b>            (Specify numerator and denominator for rates)</p> <p>All 14 facilities in South Dakota and 1 IHS facility in North Dakota along with 3 UIH facilities in the state are participating as PCPs. The American Indian M-SCHIP and S-SCHIP recipients are given the opportunity to select the PCP of their choice. They can receive services at IHS facilities even if they have not selected those providers as their PCP.</p> <p>There are 38.2%, or 667 out of 1,747 American Indian M-SCHIP recipients using IHS and UIH facilities as of 09/30/2004. There are 34.2%, or 117 out of 342 American Indian S-SCHIP recipients using IHS and UIH facilities as of 09/30/2004.</p> <p><b>Explanation of Progress:</b>            Use of IHS and UIH facilities by American Indian children enrolled in M-SCHIP increased by 0.3% since FFY 2002. Use of IHS and UIH facilities by American Indian children enrolled in S-SCHIP increased by 1.4% since FFY 2002.</p>

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<b>Other Comments on Measure:</b> <i>See Attachment 2: Managed Care Participation Enrollment Averages; Indian Health Service (IHS) Primary Care Provider (PCP) List; Number and Type of PCPs</i>
<input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:	<b>Goal #3:</b>  <input type="checkbox"/> HEDIS Specify version of HEDIS used:  <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:  Specify version of HEDIS used:  <input type="checkbox"/> Other Explain:	<b>Data Source(s):</b>  <b>Definition of Population Included in Measure:</b>  <b>Methodology:</b>  <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  <b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)  <b>Explanation of Progress:</b>  <b>Other Comments on Measure:</b>

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)																										
(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)																								
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:  Improve access to quality primary and preventive health care services for SCHIP eligible, new Medicaid eligibles, and previously non-enrolled children.	<b>Goal #1:</b>  <input checked="" type="checkbox"/> HEDIS Specify version of HEDIS used:  <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:  Specify version of HEDIS used:  <input type="checkbox"/> Other Explain:  Ensure each new SCHIP enrollee and new Medicaid eligibles receive EPSDT information at the time that their eligibility is approved.	<b>Data Source(s):</b> HEDIS 2005; SD MMIS & MR63 10/01/2003-09/30/2004  <b>Definition of Population Included in Measure:</b> SCHIP enrollees 12 to 24 months, 25 months to 6 years, 7 to 11 years, and 12 to 19 years of age that were continuously enrolled during fiscal year 2004 (allowing no more than on gap in enrollment of up to 45 days during the measurement year) who had a visit with an MCO primary care practitioner.  <b>Methodology:</b> Includes children ages 12 months through 19 years enrolled in M-SCHIP and S-SCHIP who also fall under the Managed Care guidelines and were continuously participating from October 1, 2003, through September 30, 2004. Results were obtained by reviewing claims data specifically looking for codes identifying an ambulatory or preventive care visit with primary care physicians.  <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  This is the first year SD has conducted a study meeting this criteria and with current HEDIS sources and standards.  <b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)  <table border="1"> <thead> <tr> <th>Age</th> <th># recipients</th> <th># accessing PCP</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>12-14 mo</td> <td>181</td> <td>168</td> <td>93%</td> </tr> <tr> <td>25 mo-6 yr</td> <td>773</td> <td>614</td> <td>79%</td> </tr> <tr> <td>7-11 yr</td> <td>1,147</td> <td>783</td> <td>68%</td> </tr> <tr> <td>12-19 yr</td> <td>1,166</td> <td>807</td> <td>69%</td> </tr> <tr> <td>Total</td> <td>3,267</td> <td>2,372</td> <td>73%</td> </tr> </tbody> </table> The average Managed Care participation rate for M-SCHIP and S-SCHIP from federal fiscal years 2000-2004 is 99.2%.  <b>Explanation of Progress:</b> This is the first year SD has conducted a study meeting this criteria and with current HEDIS sources and standards.  <b>Other Comments on Measure:</b> See <i>Attachment 4: Children's Access to Primary Care Practitioners</i>	Age	# recipients	# accessing PCP	%	12-14 mo	181	168	93%	25 mo-6 yr	773	614	79%	7-11 yr	1,147	783	68%	12-19 yr	1,166	807	69%	Total	3,267	2,372	73%
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Total	3,267	2,372	73%																							

<p> <input type="checkbox"/> New/revised  <input type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued            Explain:         </p> <p>           Improve access to quality primary and preventive health care services for SCHIP eligible, new Medicaid eligibles, and previously non-enrolled children.         </p>	<p><b>Goal #2:</b></p> <p><b>X HEDIS</b> Specify version of HEDIS used:</p> <p> <input type="checkbox"/> HEDIS-Like            Explain how HEDIS was modified:             Specify version of HEDIS used:         </p> <p> <input type="checkbox"/> Other            Explain:         </p> <p>           Include S-SCHIP eligible children in the quality measurement mechanisms that are used for Medicaid and M-SCHIP including measures of immunization, well-child care, adolescent well care, satisfaction and other measures of health care quality.         </p>	<p><b>Data Source(s):</b> HEDIS 2005; SD MMIS &amp; MR63 10/01/2003-09/30/2004</p> <p><b>Definition of Population Included in Measure:</b> See <i>Attachment 4: Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life; Use of Appropriate Medications for Children with Asthma; Children's Access to Primary Care Practitioners</i></p> <p><b>Methodology:</b> See <i>Attachment 4: Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life; Use of Appropriate Medications for Children with Asthma; Children's Access to Primary Care Practitioners</i></p> <p><b>Baseline / Year:</b> (Specify numerator and denominator for rates)</p> <p>See <i>Attachment 4: Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life; Use of Appropriate Medications for Children with Asthma; Children's Access to Primary Care Practitioners</i></p> <p><b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)</p> <p>See <i>Attachment 4: Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life; Use of Appropriate Medications for Children with Asthma; Children's Access to Primary Care Practitioners</i></p> <p><b>Explanation of Progress:</b> See <i>Attachment 4: Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life; Use of Appropriate Medications for Children with Asthma; Children's Access to Primary Care Practitioners</i></p> <p><b>Other Comments on Measure:</b> See <i>Attachment 4: Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life; Use of Appropriate Medications for Children with Asthma; Children's Access to Primary Care Practitioners</i></p>
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(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued Explain:	<b>Goal #3:</b>  <input type="checkbox"/> HEDIS Specify version of HEDIS used:  <input type="checkbox"/> HEDIS-Like Explain how HEDIS was modified:  Specify version of HEDIS used:  <input type="checkbox"/> Other Explain:	<b>Data Source(s):</b>  <b>Definition of Population Included in Measure:</b>  <b>Methodology:</b>  <b>Baseline / Year:</b> (Specify numerator and denominator for rates)  <b>Performance Progress / Year:</b> (Specify numerator and denominator for rates)  <b>Explanation of Progress:</b>  <b>Other Comments on Measure:</b>

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

**Access to quality primary and preventive health services is measured by the number of new SCHIP children enrolled in the Medical Assistance Primary Care Case Management system. The State ensures that managed care beneficiaries have appropriate access to covered services. Access is monitored through complaint resolution, surveys, change request reasons, and caseload monitoring. Utilization based studies for well child screenings are used to provide additional measurement of access to and quality of services.**

**Attachment 4: Studies: Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of life; Use of Appropriate Medications for Children with Asthma; Children's Access to Primary Care Practitioners**

Department surveys with questions relating to access of care and satisfaction of care are sent to households of SCHIP recipients. The Department survey had previously been done on a yearly basis. In June, 2001, the survey was implemented on a monthly schedule and is sent to 100 randomly selected SCHIP households. A Disenrollee Survey was developed and implemented September, 2000. This is sent out monthly to a random sample of SCHIP recipients that are no longer enrolled in the program.

**Attachment 6: SCHIP Stuffer; SCHIP Department Survey; SCHIP Department Survey Comparison Chart**

**Attachment 7: Disenrollee Survey Caretaker Cover Letter; Disenrollee Survey; Disenrollee Survey Comparison Chart**

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

**M-SCHIP and S-SCHIP enrollees are included in the State's Medical Assistance Primary Care Case Management (PCCM) system. The state will continue with quality assurance studies for future measurement of the access to, or the quality of care received by our SCHIP population. These results will continue to be reported in the annual reporting requirements.**

**Department surveys with questions relating to access of care and satisfaction of care will continue to be sent to households of SCHIP recipients on a monthly basis. The Disenrollee Survey will also continue to be sent on a monthly basis to families with children that are no longer enrolled in the program. Survey results will continue to be reported in the annual reporting requirements.**

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

**Quality assurance studies continue to be done in a number of areas. Examples of the studies for SCHIP recipients that have been completed include Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of life; Use of Appropriate Medications for Children with Asthma; and Children's Access to Primary Care Practitioners. We will continue these Quality Assurance studies and will pursue action to obtain measurable improvement. Future study results will be included with reporting requirements. (See *Attachment 4* for results of some of these studies.)**

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

**Attachment 4: Studies: Well-Child Visits in the first 15 months of life; Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of life; Use of Appropriate Medications for Children with Asthma; Children's Access to Primary Care Practitioners**

**Attachment 6: SCHIP Stuffer; SCHIP Department Survey; SCHIP Department Survey Comparison Chart**

**Attachment 7: Disenrollee Survey Caretaker Cover Letter; Disenrollee Survey; Disenrollee Survey Comparison Chart**

**Attachment 8: South Dakota State Plan Amendment for Managed Care**

## SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

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**Please reference and summarize attachments that are relevant to specific questions**

Please note that the numbers in brackets, e.g., [7500] are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

### OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?

**There were no changes during this reporting period.**

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

**Since the inception of the SCHIP program, the State has used a number of approaches to conduct outreach to clients in addition to collaboration with other health or children's programs. Included among the outreach approaches are direct mailings by the State to clients, the use of brochures and posters, client education sessions, an eligibility 800-telephone number, ads on public access television, paid radio announcements and public service announcements. Most effective among these efforts are the education sessions, direct mailings, the use of brochures, and collaborations with other programs.**

**The only way South Dakota can measure effectiveness with these families is with anecdotal information on how they learned about the program. Local offices keep track of Internet applications as they are aware of them. The Monthly Department SCHIP survey has questions regarding how families heard about the SCHIP program and where they got the application.**

**Attachment 6: SCHIP Stuffer; SCHIP Department Survey; SCHIP Department Survey Comparison Chart**

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

**IHS and Tribal medical providers help reach American Indian populations. Contacts with health providers at the various vocational schools, colleges, and universities have been useful in reaching non-traditional students and those under 19 who are on their own. Contacts with the Birth-to-Three agencies have also resulted in referrals of eligible children.**

**Brochures and application packets have worked the best with these contacts as they can keep them and provide them to families that they are in contact with. The application on the Web site is an excellent method for reaching families as more families gain access to the Internet. This also allows agencies and providers to have immediate access to an application if they have never had them or if their supply has not been replenished.**

**Minority enrollments have increased significantly under the State's SCHIP efforts. The most recent Statistical Enrollment Data System (September 2004) indicates that South Dakota had 2,231 American Indian children enrolled in the SCHIP program. This represents about 22% of the total number of children enrolled in the SCHIP program.**

**Attachment 6: SCHIP Stuffer; SCHIP Department Survey; SCHIP Department Survey Comparison Chart**

**Attachment 12: Various SCHIP Outreach Information**

## **SUBSTITUTION OF COVERAGE (CROWD-OUT)**

***States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.***

1. Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

***States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.***

2. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify your substitution prevention provisions (waiting periods, etc.).

***All States must complete the following 3 questions***

3. Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

**SCHIP has specific measures to prevent the program from substituting for coverage under group health plans. The first measure is simply that persons covered by insurance providing hospital and medical services or HMO's are not eligible for benefits under SCHIP. Another measure to prevent substitution is that children are ineligible if they have been covered by a group health plan in the 3 months immediately preceding the application for SCHIP. The Department has adopted a definition of group health plan that includes employers, self-employed plans, employee organizations, and self-insured plans that provide health care directly or otherwise.**

**The Department requires that insurance information on the persons seeking medical assistance coverage be provided on the application for SCHIP as a measure to avoid substitution for group health coverage. The Department also requires that members of the SCHIP unit cooperate with the Department to determine the availability of coverage. Failure to cooperate may result in loss of eligibility for the unit.**

**The Department also maintains a database on persons with insurance coverage for persons applying for or receiving medical assistance from the Department under Medicaid, M-SCHIP, or S-SCHIP. The database includes type of coverage, name and address of carrier, policy numbers, plan sponsor, premium payer, and dates of coverage. Information from this database is available to caseworkers to explore potential group health coverage. Caseworkers also have the opportunity to update the information on this database to keep the information up to date.**

**Targeted low-income children belonging to employees of the State government in South Dakota will not be eligible for SCHIP coverage since the State provides indirect assistance for the coverage of dependants in excess of the cost to cover the employee alone, regardless of the coverage choices made by the family. Children of employees of other government entities in South Dakota will have the coverage evaluated to ensure that there is no meaningful employer contribution (exceeding \$10.00 per month) for group health coverage to dependent children.**

**South Dakota will continue to study the effects of its enrollment policies on the possible substitution of SCHIP coverage for private group coverage.**

4. At the time of application, what percent of applicants are found to have insurance?

**M-SCHIP: NC**

**S-SCHIP:** In accordance with South Dakota S-CHIP policy, 78 applicants were found ineligible for S-SCHIP coverage due to already having insurance coverage.

**Attachment 13: Crowd Out Analysis; Average Length of Stay Analysis**

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

**Our program design provides no incentive for a family to drop insurance coverage because the children who are insured qualify for benefits under Medicaid and only the children who are uninsured are enrolled in SCHIP. In as much as families already made their decision to have insurance, additional benefits of having Medicaid insurance are still available to them.**

**M-SCHIP: NC**

**S-SCHIP:** During this reporting period, October 2003 through September 2004, no applicants were identified as having dropped group health insurance within 3 months prior to application.

**Attachment 13: Crowd Out Analysis; Average Length of Stay Analysis**

## **COORDINATION BETWEEN SCHIP AND MEDICAID**

*(This subsection should be completed by States with a Separate Child Health Program)*

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

**The SCHIP program follows the same eligibility and redetermination process that is used by the Medicaid program for children. Medical reviews are completed annually. The redetermination process is complete prior to the end of the original eligibility period so families receive timely notice and there is no break in coverage if eligibility continues.**

**Review does not require a signed application or an interview and any requested documentation may be submitted via mail or fax. If at the established review time there is sufficient information available in the case record to redetermine eligibility, then the medical review is considered complete and the family does not have to provide any information.**

**If information is not already available in the case record, the Department will initiate the review process by contacting the family in the 11<sup>th</sup> month of eligibility and gathering information to redetermine eligibility. Information may be gathered by any of the following methods: information reported and verified by the client verbally, or in writing; completion of 301R (medical review form); completion of 301M (medical application form); or completion of 301 (Food Stamp/TANF application form). All forms may be completed by the recipient or by the eligibility worker via telephone contact to the family.**

**Attachment 1: 301-M; 301-R; 203-M; 204-M; 205-M**

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

**The SCHIP program shares all of the functions with Medicaid that have been established in South Dakota. SCHIP forms and procedures are identical to those utilized for Medicaid. This also includes utilization of the same staff to make eligibility determinations and a single computer eligibility determination system. Once a child is determined eligible for Medicaid or SCHIP, the eligibility remains until a determination has been made that the child is no longer eligible for either Medicaid or SCHIP. This seamless process allows children to transfer from one medical program to another without interruption when eligibility criteria changes, but the child remains eligible for Medicaid or SCHIP.**

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

**Health care services for SCHIP are delivered using the Medicaid delivery and payment systems, including primary care case management (PCCM) and access to specialty health service providers as approved under the South Dakota State Plan Amendment. The State can assure that children receiving services under SCHIP will receive the same beneficiary protections as children receiving Medicaid coverage including grievances and appeals, privacy and confidentiality, respect and non-discrimination, access to emergency services, and an opportunity to participate in health care treatment decision and choice of providers. Benefits delivered to targeted uninsured children under the SCHIP state administered program are identical to the benefits offered under the State's Medicaid program, including EPSDT benefits. The State can also assure that it is providing SCHIP services in an effective and efficient manner by using Medicaid policies and procedures.**

**Attachment 8: South Dakota State Plan Amendment for Managed Care**

## ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

<u>  x  </u>	Conducts follow-up with clients through caseworkers/outreach workers
<u>  x  </u>	Sends renewal reminder notices to all families <i>How many notices are sent to the family prior to disenrolling the child from the program?</i> <b>At least 2</b> <i>At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)</i> <b>2 months prior, 1 month prior, and 10 days prior to the end of the current eligibility period</b>
<u>  x  </u>	Sends targeted mailings to selected populations <i>Please specify population(s) (e.g., lower income eligibility groups)</i> <b>Households with disenrolled children</b>
<u>  x  </u>	Holds information campaigns
<u>  x  </u>	Provides a simplified reenrollment process, <i>Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)</i> <b>See Section III, Coordination between SCHIP and Medicaid, Question 1</b>
<u>  x  </u>	Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment <i>please describe: See <b>Attachment 7: Disenrollee Survey</b></i>
<u>      </u>	Other, <i>please explain:</i>

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

**There is significant evidence to support the assertion that the changes to the application process have facilitated the identification and enrollment of uncovered children. Face value evidence exists in the growth in the number of uninsured children in Medicaid and SCHIP. Annual surveys conducted of the families of children enrolled in the Medicaid and SCHIP programs in during FFY 2004 reported that 97% responded positively to the question on the ease of filling out the application and 99% claimed they encountered no problems with the enrollment process.**

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

       Yes

  x   No

When was the monthly report or assessment last conducted?

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

**Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP**

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

**COST SHARING**

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

**South Dakota SCHIP does not require premiums or enrollment fees.**

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

**There are no cost share requirements for any medical assistance recipients 18 years old & under in the state of South Dakota.**

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

**Not Applicable**



## **PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN**

1. Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

Yes \_\_\_\_\_ please answer questions below.

No **X** skip to Section IV.

### **Children**

- \_\_\_\_\_ Yes, Check all that apply and complete each question for each authority.
- \_\_\_\_\_ Premium Assistance under the State Plan
- \_\_\_\_\_ Family Coverage Waiver under the State Plan
- \_\_\_\_\_ SCHIP Section 1115 Demonstration
- \_\_\_\_\_ Medicaid Section 1115 Demonstration
- \_\_\_\_\_ Health Insurance Flexibility & Accountability Demonstration
- \_\_\_\_\_ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

### **Adults**

- \_\_\_\_\_ Yes, Check all that apply and complete each question for each authority.
- \_\_\_\_\_ Premium Assistance under the State Plan (Incidentally)
- \_\_\_\_\_ Family Coverage Waiver under the State Plan
- \_\_\_\_\_ SCHIP Section 1115 Demonstration
- \_\_\_\_\_ Medicaid Section 1115 Demonstration
- \_\_\_\_\_ Health Insurance Flexibility & Accountability Demonstration
- \_\_\_\_\_ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

\_\_\_\_\_ Parents and Caretaker Relatives

\_\_\_\_\_ Childless Adults

3. Briefly describe your program (including current status, progress, difficulties, etc.)
4. What benefit package does the program use?
5. Does the program provide wrap-around coverage for benefits or cost sharing?

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

\_\_\_\_\_ Number of adults ever-enrolled during the reporting period

\_\_\_\_\_ Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2004. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED SCHIP PLAN

Benefit Costs	2004	2005	2006
Insurance payments	0		
Managed Care	0		
per member/per month rate @ # of eligibles			
Fee for Service	12,989,775	12,052,875	14,092,861
<b>Total Benefit Costs</b>	<b>12,989,775</b>	<b>12,052,875</b>	<b>14,092,861</b>
(Offsetting beneficiary cost sharing payments)			
<b>Net Benefit Costs</b>	<b>\$12,989,775</b>	<b>\$12,052,875</b>	<b>\$14,092,861</b>

### Administration Costs

Personnel			
General Administration	661,604	700,00	736,000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	23,980	25,372	26,676
Other [500]			
Health Services Initiatives			
<b>Total Administration Costs</b>	<b>685,584</b>	<b>725,372</b>	<b>762,676</b>
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	<b>\$1,443,308</b>	<b>\$1,339,208</b>	<b>\$1,565,873</b>

<b>Federal Title XXI Share</b>	<b>10,389,170</b>	<b>9,739,580</b>	<b>11,223,358</b>
<b>State Share</b>	<b>3,286,189</b>	<b>3,038,667</b>	<b>3,632,179</b>

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	<b>\$13,675,359</b>	<b>\$12,778,247</b>	<b>\$14,855,537</b>
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☐ Other (specify)

**Attachment 14: CMS 64.21U**

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

\_\_\_\_\_ Number of **children** ever enrolled during the reporting period in the demonstration  
 \_\_\_\_\_ Number of **parents** ever enrolled during the reporting period in the demonstration  
 \_\_\_\_\_ Number of **pregnant women** ever enrolled during the reporting period in the demonstration  
 \_\_\_\_\_ Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children?
4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2004 starts 10/1/03 and ends 9/30/04).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2004	2005	2006	2007	2008
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### Benefit Costs for Demonstration Population #1 (e.g., children)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
<b>Total Benefit Costs for Waiver Population #1</b>					

### Benefit Costs for Demonstration Population #2 (e.g., parents)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					

Fee for Service					
<b>Total Benefit Costs for Waiver Population #2</b>					

**Benefit Costs for Demonstration Population #3**  
(e.g., pregnant women)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Benefit Costs for Demonstration Population #4**  
(e.g., childless adults)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
<b>Total Benefit Costs for Waiver Population #3</b>					

<b>Total Benefit Costs</b>					
(Offsetting Beneficiary Cost Sharing Payments)					
<b>Net Benefit Costs</b> (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

**Administration Costs**

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify) [500]					
<b>Total Administration Costs</b>					
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)					

<b>Federal Title XXI Share</b>					
<b>State Share</b>					

<b>TOTAL COSTS OF DEMONSTRATION</b>					
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When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

## SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP.

During federal fiscal year 2004, the economy of South Dakota continued to suffer as a result of a major drought throughout much of the state in years 2001 through 2003. The drought has had a significant impact on South Dakota's agriculturally-based economy. Farmers and ranchers of South Dakota have not fully recovered from the severe losses suffered in previous years. As a result, more and more families qualified for medical assistance programs. Since agriculture drives South Dakota's economy, this has a tumbling effect on other industries in the state. The summer of 2004 was more productive for farmers and ranchers, and South Dakota's economy has begun to rebound recently, although not as quickly as we'd like.

2. During the reporting period, what has been the greatest challenge your program has experienced?

The slow rebound of South Dakota's economy continued to have a negative impact, and more individuals qualified for medical assistance. The greatest challenge continues to be the fiscal impact of paying for medical services for more eligibles than ever before. South Dakota has again had to balance its budget by using reserve funds. This will bring additional inquiry to the program by Legislators, who may try to mandate program changes in an effort to cover the budget deficit.

3. During the reporting period, what accomplishments have been achieved in your program?

In FFY 2004, South Dakota added a total of 2,082 uninsured children to Medicaid, M-SCHIP, and S-SCHIP. Enrollment breakouts per category are as follows:

Medicaid = 1,284  
M-SCHIP = 603  
S-SCHIP = 195

Data taken from South Dakota Medicaid and SCHIP programs enrollment data. (See *Attachment 10: Quarterly Enrollments in Medicaid, M-SCHIP, and S-SCHIP.*)

Minority enrollments have increased significantly under the State's SCHIP efforts. American Indians are the largest minority population living in South Dakota. Approximately 7% of South Dakota's population is American Indian, primarily residing on the 9 Indian Reservations within the State's boundaries. The most recent Statistical Enrollment Data System (June 2004) indicates that South Dakota had 2,265 American Indian children enrolled in the SCHIP program. This represents about 21% of the total number of children enrolled in the SCHIP program.

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.

There are a number of cost containment measures that are being considered for both Medicaid and SCHIP in South Dakota. Some of the more popular cost containment measures are implementing a prior authorization requirement on certain classes of prescription drugs, implementing disease management programs in an effort to improve quality of care and prevent unnecessary hospitalizations, and possibly increasing audit functions or expanding additional cost avoidance programs.